3:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 149339 PIN # 4658996228 DATE 3-23-09

OWNER or APPLICANT Clayton Homes of Maiden PHONE: Business 704 483-3702 Home: Brenden Phillips 704 309-4424

OWNER or APPLICANT ADDRESS 5612 East Highway 150 Maiden, NC 28650

LOCATION / DIRECTIONS Hwy 115 N TR Shinnville TL Carolina Wren TL Barnswallow on right 0.1 mi w/Skylark

SUBDIVISION Grace Meadows BLOCK / SECTION Stage LOT # 13 LOT AREA .68 Acre DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB 700 Date 10-11-08

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Gravity -25% Reduction

Repair System Description: Pump - Gravity 25% Reduct.

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

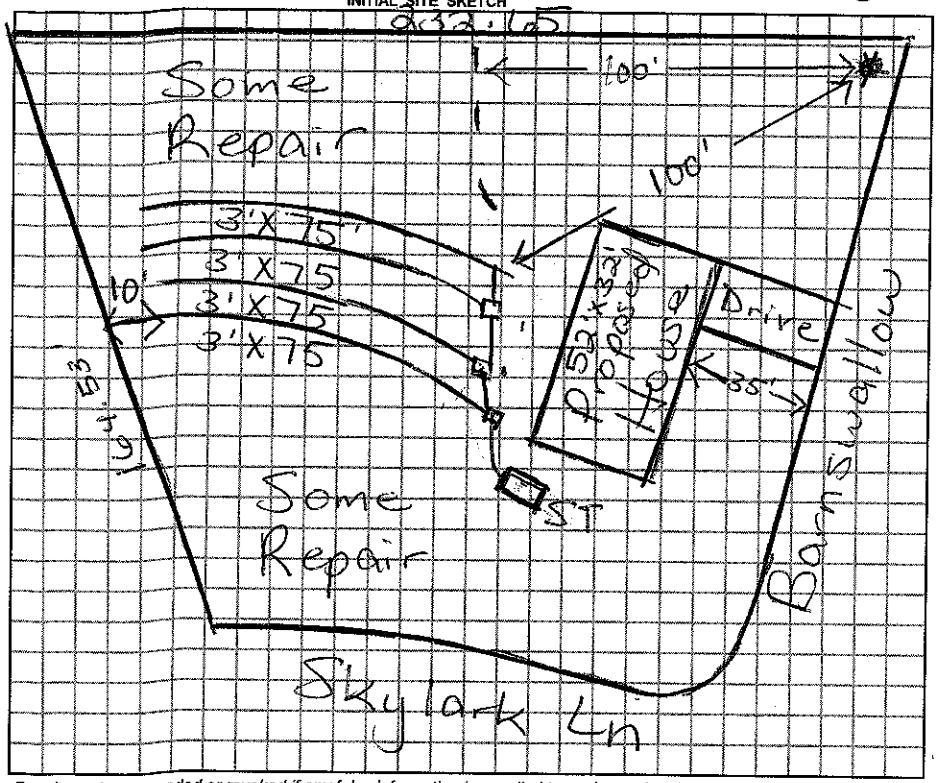
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions Note: Keep well 100ft from Drainfield due to presence of Saprolite

Scale 1:50

Comments / Conditions Orange Filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed "Quick 4" drainfield feed thru end caps (no drop boxes)

No house present at time of inspection

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 3/24/09

Improvement Permit by: [signature] RS Date 3/23/09

Authorization to Construct by: [signature] RS Date 3/23/09

Installed by: Abee's Grading RS

Operation Permit by: [signature] Date: 3/31/09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION!

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant